

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 24, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed ASC left shoulder surgery 23420, 23120

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

| Primary Diagnosis | Service being Denied | Billing Modifier | Type of Review | Units | Date(s) of Service | Amount Billed | Date of Injury | DWC Claim# | IRO Decision |
|-------------------|----------------------|------------------|----------------|-------|--------------------|---------------|----------------|------------|--------------|
| 840.4 | 23420, 23120 | | Prosp | 1 | | | | | Upheld |
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INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 24 pages of records received to include but not limited to:

Letter from 2.9.10, 2.25.10, 3.5.10; list of providers; Orthopedic Hospital records 6.15.09-12.30.09; x-ray 6.15.09; Dr. records 1.11.10; Orthopedic Specialty Group 10.12.09-12.30.09; MRI Lft Shoulder 2.2.10; ODG guidelines

Requestor records- a total of 6 pages of records received to include but not limited to:
MRI lft shoulder 2.2.10; Dr. records 1.11.10-2.17.10

Patient records- a total of 6 pages of records received to include but not limited to:
TDI letter 3.3.10; Therapy records 12.8.09-3.9.10
Therapy records- a total of 8 pages of records received to include but not limited to:
Therapy records 12.7.09-3.16.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient injured her left shoulder as a result of heavy lifting. She (by history) felt her shoulder pop and this was associated with pain. Afterwards she had 1 physical therapy visit and ibuprofen, based on the available records. She had good range of motion. She continued to have pain subsequently and because of deteriorating function, an MRI/arthrogram was obtained. This suggested a partial, minor tear of the supraspinatus and a possible SLAP tear. Surgery has now been recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

DECISION:

ODG guidelines recommend surgery after 6 months of intermittent care and/or 3 months of continuous care. It appears that care has been haphazard at best. This is based on a review of the available records. She has only recently started formal physical therapy on a continuous basis -- 03/09/2010. Measurements noted include flexion of 160°, external rotation of 40°, and internal rotation equals L4. There is grade IV strength. By the physical therapist's account, the patient has had improvement.

The denial is upheld based upon the fact that the patient is improving with appropriate physical therapy, something she has not had prior to now. The request for surgery at this time does not meet the standards for being medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES